Denali Commission Rural Primary Care Facility Project Site Plan Checklist

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	Applicant Name

The purpose of this Site Plan Checklist is to address early project development issues and questions. Some examples may include:

- 1. Analyze proposed clinic site(s) for suitability (utility connections / on-site sanitation review, patient access, room for growth, zoning and site separation distances and reasonable development costs, etc.). Applicants are encouraged to consider alternative clinic sites during the Conceptual Planning process. At the end of the process the choices should be narrowed to one preferred site. In a few cases with "Large" clinics it may not be possible to select a preferred site without additional work.
- 2. Site control or the process and timing for achieving site control will be identified (e.g. land conveyance, formal lease documents to be signed). The following website provides some background information about site control issues: http://www.dced.state.ak.us/cbd/AK Planning/Site/Site.htm
- 3. Confirming compatible and appropriate multi-use programs that may be housed with the clinic facility or in a campus setting.

Successful completion of this step and the rest of the Conceptual Planning products will lead the Applicant into the Facility Design and Construction process for a new or renovated healthcare facility.

Note – If the construction project is not started within 24 months after the Business Plan and Site Plan Checklist is approved, the Plan and Checklist must be updated before Construction Funds can be awarded.

Send three copies of your Site Plan Checklist and attachments to:

Denali Commission

Attn: Rural Primary Care Facilities Business Plan & Site Plan Checklist
510 "L" Street
Suite 410 (Peterson Tower)
Anchorage, Alaska 99501

Contact your Technical Assistance Subcommittee advisor if you have questions

Denali Commission

Alaska Primary Care Association State of Alaska Dept of Public Health Community Health/EMS Alaska Center for Rural Health









Introduction

This document has been prepared as a Microsoft Word document. The text boxes after each question will expand as you type in your answers.

When you have completed the Site Plan Checklist, submit it to the Denali Commission Technical Assistance Subcommittee (TASC) for review. Please note that there is some duplication between the Site Plan Checklist and the Business Plan. Health providers will review the Business Plan, whereas construction management professionals will review the Site Plan Checklist. Consequently we are asking for some duplication of material.

Once the Business Plan and Site Plan Checklist are approved, you should be ready to move into the formal Facility Design stage. This stage will finalize site control issues, resolve any design issues, determine project costs and produce architectural documents.

Use of Conceptual Planning Funds

If the assessment is completed with in-house staff, funds can be used to cover costs for direct project expenses (e.g. travel, soil testing, site surveying), but not salaries of in-house personnel. An architectural and engineering firm may be hired to address site development matters, determine square footage requirements and develop a conceptual floor plan based upon the services to be provided. A conceptual floor plan typically shows the full program of services to be offered within the facility and a conceptual site plan of the facility will be prepared. It is not expected that building and environmental permits will be applied for during the conceptual planning phase, however site information should be gathered at this phase so these permits can be obtained during the design phase.

Technical Assistance Subcommittee:

Listed below are contacts for questions you may have regarding the Business Plan or Site Plan Checklist.

Contact	Phone #	E-mail Address	Organization
Suzanne Niemi	929-2732	suzannen@alaskapca.org	Alaska Primary Care Association
Carolyn Gove	929-2730	carolyn@alaskapca.org	Alaska Primary Care Association
Marilyn Kasmar	929-2722	marilyn@alaskapca.org	Alaska Primary Care Association
Pat Carr	465-8618	pat_carr@health.state.ak.us	State of Alaska, Div of Public Health
Joyce Hughes	269-2084	joyce hughes@health.state.ak.us	State of Alaska, Div of Public Health
Noel Rea	269-5024	noel_rea@health.state.ak.us	State of Alaska, Div of Public Health
Mark Millard	465-8534	mark_millard@health.state.ak.us	State of Alaska, Div of Public Health
Beth Landon	786-6589	anbml@uaa.alaska.edu	Alaska Center for Rural Health
Mary Anaruk	786-6589	Shamaran1@aol.com	Alaska Center for Rural Health
Roger Marcil	729-3747	Rmarcil@anthc.org	Alaska Native Tribal Health
			Consortium
Joel Neimeyer	271-1459	jneimeyer@denali.gov	Denali Commission

Role of ANTHC for "Small" and "Repair and Renovation" projects

ANTHC serves as the Commission's fund manager for the "Small" and "Repair and Renovation" programs. All conceptual planning for these 2 programs will required a sub-award agreement with ANTHC. This agreement will provide a brief description of the scope of work, funding, and time frame to complete the conceptual planning phase. ANTHC engineers will also provide oversight for site development matters and are available for consultation at the level desired by the community.

Please answer the following questions:

Will your project replace the existing clinic with a new clinic?	Yes	1
If YES, what plans do you have for u sing the existing clinic, (i.e., will for other purposes)?	ll it be demolished or u	used
lection Process		
Describe your planning process for site selection. Does your selected advantage in terms of long -term cost savings (e.g., making use of wa lot size is appropriate for the proposed clinic, parking, easements, and on-site sanitation systems, if proposed). Will the site allow for future similar programs?	ste heat)? Describe h l utility layout (includi	now th ing
4 1 1 D 4 4 •		
The Denali Commission requires proof that you have legal control of year lease. Do you have legal control of the site for the clinic?	the site, by deed or a Yes	30 -
The Denali Commission requires proof that you have legal control of	Yes	
year lease. Do you have legal control of the site for the clinic? If YES, please provide a copy of the deed or lease (and any other site.)	Yes	
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Provide copies of any documents (i.e. letters of commitment from landowners, draft lease agreements, or other documents) which demonstrate that site control will transfer to you. Be sure to indicate the date that you will assume site control.

Lease agreements should include annual lease costs, and identify the lot and block numbers for the leased lands.

Site Plan / Site data / Community Map / Site photos

Provide a site plan and community map showing site location for the existing clinic and alternative new clinic sites. The site plan must be a scaled drawing, have a North arrow, show lot/block numbers, show the proposed clinic improvements, immediately adjacent structures, and utility (electric, gas, water, sewer, and phone) and road access (existing and proposed). If on -site sanitation is to be provided clearly show distances necessary to obtain a ADEC permit to construct (Class B or C water system as appropriate). Show where soil testholes have been excavated (or bored) and provide a log of the testholes and any soil testing data (sieve analysis,

percolation tests, etc.). Topographic relief is important as it may impact construction of the clinic or access to the clinic site. Relatively flat terrain does no t require depiction on the site plan.

The maps should illustrate the location of the clinic site and utilities in relation to the site, a site plan layout, and the position of the site in relation to airport, schools, offices, etc. For many communities, t he maps prepared for all Alaska communities as part of the Department of Community and Regional Affairs Profile series are a useful basis for indicating location of the clinic or multi -use facility.

	Are there any known environmental or archaeological concerns with developing the proposed clinic site?				
	How much fill material will be needed to develop the site? Where will the fill material come from?				
	Are there any seasonal or climatic limitations on site and foundation construction?				
ı	Are there any z oning or building code issues that may impact design, construction or operation of the clinic facility?				
	Provide photos of the proposed clinic sites.				
Utility H	Jook-ups / Access Roads				
	Is your clinic served with piped water and sewer (or will be) Yes No				
	If NO, is the clinic served with a flush -n-haul system (or will be)? Yes No				
	If the clinic is not served (or will not be served) with piped water and sewer or flush -n-haul, explain why:				
	If your designated clinic site is <i>not</i> within 150 feet of all existing utility hookups and a ccess roads, answer the following questions.				
I	Identify which utilities and/or road connections are 150 feet or more from your designated site.				
ļ					
	Explain why your community didn't choose a site with existing, convenie nt access. Attach maps and drawings as necessary to explain your special situation .				

who provided the estimate and provide documentation.
Explain how you have obtained / will obtain the extra funding needed for the uti lity and/or road connections to the site. Include correspondence and other documentation
Checklist of Attachments:
Copy of the clinic site deed or lease (draft or executed), and other site control documentation
Detailed clinic site plan
Soil testhole data
Community mapping
Photos of the proposed clinic site
Cost estimate information, mapping and other documentation associated with clinics more than 150 feet from existing utility hook -ups

<u>DUPLICATED QUESTIONS FROM THE BUSINESS PLAN</u>

Facility Size, Type and Location

If you believe it is necessary to differ from the prototype design and/or square footage recommendations, please state your reasons. Jessephage Jessephage	1. How many square feet are you planning?		
If you believe it is necessary to differ from the prototype design and/or square footage recommendations, please state your reasons. 3. Will the facility house multi-use programs?		urniture plan as	
3. Will the facility house multi-use programs?YesN Note: A facility may house both essential primary care services (medical, dental, mental health, itinerant quarters) and multi -use programs (e.g., Tribal/City offices, Head Start, Washeteria, etc) If YES, identify the other tenants, organizations and programs that will share your facility and why you chose to combine the programs in one building: What is the size of the multi -use space in square feet?Square feet 4. Appropriateness of Size, Design, & Cost Discuss the appropriateness of size, design, and cost of your proposed project for the service area Include information that shows that the proposed building is the most appropriate and cost-effective approach to address the identified need(s). 5. Location Describe the general location (not the legal description) of your new facility and the major factors involved in choosing it. If your site has been selected or narrowed down to a few alterna tives, include a site plan as ATTACHMENT #5.2 6. Donated Land Value The value of donated land can only be used as a cost share if the land is owned by the applicant. The donation of a lease is treated as an in -kind donation and does not qualify for cost sha re status.			Denali No
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Have you included land as part of your cost share? Yes N			
	Have you included land as part of your cost share?	Yes	No
Estimated Value of Land \$		\$	

		se to estimate a value for the donated land? (edealer's appraisal or opinion lette r; or recent unity).	•	
	Provide supporting doc	umentation regarding the valuation. Label as	ATTACHMENT	Γ 8.3
	7. Value of Land	Improvements		
		of improvements to the clinic site can be used lities, site clearing, imported/placed sand and a		•
	Have you included imp	rovements as part of your cost share?	Yes	No
		Estimated Value of Land Improvements	\$	
	Provide documentati or ATTACHMENT 8.4	to demonstrate the value of these improveme	ents. Label as	•
2. <u>C</u> 1	HECKLIST OF ATTAC	CHMENTS FROM THE BUSINESS PLAN	Ī	
	ATTACHMENT 5.1	Basic Floor Plan		
	ATTACHMENT 5.2	Site Plan		
	ATTACHMENT 8.3	Documents verifying land value		
	ATTACHMENT 8.4	Documents verifying land improver	ments value	